

# **Saving Lives and Money Through Improved Diabetes Care**

Statement of

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Mr. Chairman and Members of the Committee, I am Dr. Resa Levetan, Director of Diabetes at the Washington Hospital Center. I thank you for this opportunity to be here today. I am here today because of my interest and research in the effectiveness of diabetes self-management interventions in preventing and reducing hospital stays.

If an apple a day keeps the doctor away, I am sure that we all agree that we are spending far too much on doctors and not enough on apples.

One patient I recently saw hospitalized at Washington Hospital Center is a government employee who received Medicare because she has diabetes-related kidney failure. Medicare paid more than \$200,000 for her years of dialysis and subsequent kidney transplant. Teaching people how to manage their diabetes has been proven to lead to better diabetes control and reduces the risk for kidney failure by half or more, yet Medicare does not pay the \$40 per visit fee for patients to see a dietitian or learn diabetes self-management skills. If Medicare had paid for this preventive education, my patient and many others like her may not be facing the need for a second kidney transplant for which Medicare will pay.

### **Why Is Diabetes Preventive Care So Important?**

- One in 5 Americans over the age of 65 have diabetes.
- A woman over 65 is 3 times more likely to die from diabetes than from breast cancer.
- 1.6 million persons over age 65 with diabetes are hospitalized annually.
- Persons with diabetes are hospitalized 50% more often for non-diabetes related illness.
- 60% of Medicare costs for persons with diabetes are directly attributable to hospitalization.
- Diabetes is the leading cause of blindness, yet 90% of cases are preventable.
- Diabetes is the leading cause of amputations, yet more 50% of all cases are preventable.
- Diabetes is the leading cause of kidney failure resulting in dialysis, yet more than 50% of all kidney failure can be delayed or prevented altogether.
- Persons with diabetes are three times more likely to have heart attacks.
- Persons with diabetes are four times more likely to have strokes.

**All of these risks are reduced when diabetes is better controlled.**

Thanks to the support of Congress, the largest NIH study on diabetes found conclusively that 60% or more of the most serious complications of diabetes could be delayed or prevented. The study's success was directly attributed to intensive education training rendered to patients by a team of dietitians and diabetes educators led by physicians. More than a dozen CDC-funded programs have proven that hospitalizations can be reduced by more than half when there are similar comprehensive outpatient services for persons with diabetes.

Unfortunately, the reality is that diabetes patients are not receiving the care they need. Medicare pays \$35 for a routine doctor visit and there is no consistent reimbursement for self management training or visits to a dietitian which can keep a patient out of the hospital. But if that patient requires hospitalization for uncontrolled diabetes, Medicare will pay nearly \$4000 per stay.

We know that a fingerstick in time saves lives, yet Medicare will not pay for a \$50 pocket sugar monitor unless a patient becomes so ill as to require insulin. Medicare will not pay to help patients control their blood sugar and stay off of insulin and out of the hospital.

I have discontinued insulin in hundreds of diabetes patients because of ongoing instruction by a dietitian and diabetes educator. Age is no barrier when it comes to diabetes. I have taught numerous patients over the age of 80 to monitor their blood sugars which has resulted in the discontinuation of insulin.

In my study published in the *American Journal of Medicine*, we found that hospitalized patients had up 60% shorter hospital stays when they received care from a team including a dietitian and diabetes educator led by an endocrinologist. My conclusion is that these patients probably didn't need to be hospitalized if they had received comprehensive care by a dietitian and diabetes educator working in concert with a physician.

Less Medicare money does not have to mean less care if money is directed toward wellness before rather than hospitalization after serious disease has developed. Patients would be healthier and happier in a system of medical care which prides itself on ensuring health rather than only insuring hospitalization. H.R. 15 will enable patients to receive the diabetes self-management training, the home monitors and strips, that will encourage patients to be first line defenders against illness.

In conclusion, I believe that H.R. 15 represents a long overdue investment in an ounce of diabetes prevention which will reap more than a pound of cure.

Dr. Levetan is a co-investigator on the NIH's, Diabetes Prevention Program and Women's Health Initiative.